

APPLICATION FOR INSTALLER CERTIFICATION / RE-CERTIFICATION / RENEWAL

PLEASE TYPE OR PRINT LEGIBLY (INCOMPLETE APPLICATION WILL BE RETURNED)

NAME OF APPLICANT (Person or Company)_____

IF THIS IS A FIRM OR CORP. LIST NAME OF OFFICER TO BE CERTIFIED_____
(SAME AS PRINCIPAL ON BOND)

DOB___/___/___ SOCIAL SECURITY NUMBER___/___/___ DRIVER'S LICENSE NO._____

STREET ADDRESS_____
STREET/ROAD CITY STATE ZIP

MAILING ADDRESS_____

AREA CODE & TELEPHONE NUMBER / AREA CODE AND FAX NUMBER COUNTY

DBA (DOING BUSINESS AS) STREET/ROAD & NO. CITY STATE ZIP

AREA CODE & TELEPHONE NUMBER / AREA CODE AND FAX NUMBER COUNTY

NUMBER OF YEARS EXPERIENCE IN MANUFACTURED HOME INSTALLATION_____

WERE YOU PREVIOUSLY CERTIFIED BY THIS COMMISSION?_____ IF YES, CERT. NO._____

SURETY BOND COMPANY

SURETY COMPANY PHONE NUMBER BOND AMOUNT

GENERAL LIABILITY INSURANCE

INSURANCE COMPANY PHONE NUMBER INSURANCE AMOUNT

Pursuant to the provisions of the Rules and Regulations for Installation and Certification, I hereby submit this application for certification. In making this application, I certify that all mobile/modular homes or buildings installed under the authority of this certification will comply with the Rules and Regulations of the Alabama Manufactured Housing Commission.

SIGNATURE OF APPLICANT_____ DATE_____
BY PLACING MY SIGNATURE HEREON, I ATTEST THAT ALL INFORMATION ON THIS APPLICATION IS TRUE AND CORRECT.

AFTER YOUR APPLICATION HAS BEEN REVIEWED, YOU WILL BE NOTIFIED OF THE FIRST AVAILABLE INSTALLER COURSE, IF APPLICABLE.

FOR OFFICE USE ONLY

DATE APPLICATION RECEIVED_____ DATE APPROVED_____

CERTIFICATION NUMBER_____ DATE CERTIFICATION SCHOOL COMPLETED_____